REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/830,839
Filing Date	02/19/2002
First Named Inventor	Lalvani et al.
Art Unit	1645
Examiner Name	N.M. Minnifield
Attorney Docket Number	077529.0111

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☑ I hereby appoint the practitioners associated with the Customer Number: **21003**

☑ Please change the correspondence address for the above-identified application to:

☑ The address associated with Customer Number: **21003**

OR

☐ Firm *or* Individual Name	
Address	

City		State		Zip	
Country					

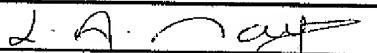| Telephone		Email	

I am the:

☐ Applicant/Inventor.

☑ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	*L.A. Nay*
Name	LINDA NAYLOR
Date	24	01	2007	Telephone	01865 280910

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.